## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

| CERT  |    | 110 |
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| SERIA | ٩L | NU  |

10/5756/1 APPLICANT(S)

FILING DATE

## **CLAIMS**

| <del> </del>    | AS FILED  IND.   DEP. |                | AFTER  |  | AFTER       |           |
|-----------------|-----------------------|----------------|--------|--|-------------|-----------|
|                 |                       |                | IND.   | I"AMENDMENT IND. DEP.                            |             | IND. DEP. |
| 1               |                       |                | 10.    | DEI.   | 1110.       | DEI.      |
| 2               |                       |                |        |  |             |           |
| 3               |                       |                |        |  |             |           |
| 4               |                       |                |        |  |             |           |
| 5               |                       |                |        |  |             |           |
| 7               |                       |                |        | <del>         </del>                             |             |           |
| 8               |                       |                |        | <del>      -  </del>                             |             |           |
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| TOTAL IND.      |                       | +              | 1      | ♥  |             | . ■       |
| POTAL DEP.      |                       | <b>+</b>       | 22     | +  |             | •         |
| TOTAL<br>CLAIMS |                       |                | 23     |  |             |           |

PTO - 1360 (REV. 11/04)

|                 | AS FILED  |               | AFTER 1"AMENDMENT |              | AFTER 2 MAMENDMENT |              |
|-----------------|---|---------------|-------------------|--------------|--------------------|--------------|
| ł               | IND.  | DEP.          |                   | DEP.         | IND.               |              |
| 51              |   | 221.          | MAD.              | DEI.         | MD.                | DEF.         |
| 52              |   |               |                   |              | <del></del>        |              |
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| 100             |   |               | <u>_</u> _        |              |                    |              |
| TOTAL IND.      |   | *             |                   | ₩            |                    | ₩            |
| TOTAL DEP.      |   | <del>-</del>  |                   | <del>-</del> |                    | <b>←</b>     |
| TOTAL<br>CLAIMS |   | U.S. DEPART   |                   |              |                    |              |

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